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ABSTRACT

Benefits of hospital-based internship and residency programs for training psychologists are discussed, along with issues concerning licensing or certification. In hospitals, interns and residents are exposed to unusual and diverse forms of physical and mental pathology, as well as contact with a diverse patient population crossing all ages, racial groups, and ethnic origins. The hospital setting also provides the opportunity to work with a variety of other specialists. Internships are the one-year predoctoral experience, while the residency is a year more of postdoctoral experience in a health care delivery setting. The internship must stress not only assessment of psychiatric patients and mental health psychotherapy, but also provide experiences in bedside consultation, construction of nursing care plans, behavior modification, and patterns of intervention on "psychologically well" populations. This group would comprise surgical patients and medically ill patients who need support in complying with treatment. A license or certification by a state is necessary for hospital-based practice. In addition, ethical standards dictate adequate preparation for psychologists before beginning hospital-based practice. (SW)

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TRAINING FOR HOSPITAL PRACTICE: INTERNSHIPS, RESIDENCIES, AND CREDENTIALS

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In the last few years, medical centers and teaching hospitals have become increasingly popular and, of late, have become the most sought after form of internship. There are several reasons for this increased interest in the hospital-based internship. Medical centers and teaching hospitals provide not only traditional experiences with a mental health population but also provide extensive exposure to non-psychiatric, physically ill populations. Thus, interns are exposed to unusual and diverse forms of physical and mental pathology. Interns are exposed, in these settings, to both inpatients and outpatients and gain experience in working in "life threatening" situations. These frequently take the form of transplantation programs, trauma centers, and speciality experiences in pediatrics, orthopedics, obstetrics, rehabilitative medicine, and et cetera. This allows the intern to experience multiple roles in addition to that of a diagnostician and therapist of emotional disorders. These sites also provide psychology trainees with more divergent research opportunities such as those found in organ transplantation and trauma units. The medical center also provides interns with a much more diverse patient population crossing all ages, racial groups, and ethnic origins. The net result, of course, is a broader range of skills acquired and the opportunity to work with a variety of other specialists in addition to the traditional psychiatric and social work counterpart. Thus interns gain

experience collaborating with pediatricians, surgeons, gynecologists, nurses, and even hospital-based clergy. The net result is a much broader range of skills acquired, yielding a much greater sense of self-fulfillment and actualization.

It is also true that interns seek this form of training because it offers a broad base to lay the foundation for possible hospital based practice with its commensurate increased financial securities through third party reimbursement. It can also be said that the reason for the increase interest in medical centers and hospitals is reflected in psychology's interest in hospital based practice and this form of internship is a logical cornerstone for hospital practice rather than the "back dooring" that has been used in the past.

Before we continue, let me make a discrimination between an internship and residency in the field of psychology. Internship refers to the one year predoctoral experience while the residency is a year more of post-doctoral experience in a health care delivery setting. There is an axiom for hospital based practice and it goes as follows: internship and residencies directly effect credentials which, in turn, is directly proportional to the breadth of hospital practice, or, stated more pragmatically, the range of your hospital practice is directly proportional to the breadth of the band of experien e a psychologist brings to the hospital. Thus, the wider the range of experience the more marketable you are to the health consumer.

The internship that blends the traditional role of the clinical psychologist in the delivery of mental health services with exposure

to general hospital services e.g. orthopedics, pediatrics, rehabilitative, neurology, etc. lays the foundation for their trainees to have a career option in total or partial hospital based practice. Exposure to other professionals such as physicians, nurses, physical therapists, etc. as well as working within and learning the nature of a hospital system are all positive credentials in the acquisition of a hospital-based practice. The internship must necessarily stress not only assessment of psychiatric patients and mental health psychotherapy, but also provide experiences in bedside consultation, construction of nursing care plans, behavior modification within a hospital environment, and supportive psychotherapy and patterns of intervention on "psychologically well" populations. This group would comprise persons undergoing organ transplantation, general surgery, adjustment to major illness such as heart attack, diabetes, cancer, as well as aiding patients to adjust to colostomies or limb amputation, or aiding in drug compliance of medically ill patients. Providing support and comfort to the bereaved and to families and patients who undermine treatment are excellent training credentials.

A residency, for our purposes, should be viewed as a post-doctoral training experience. This is the model in most hospital based training programs and other specialties and seems the most parsimonious form to adopt. Residency does provide an opportunity for further training for a clinical psychologist, but also, the retraining of clinicians who wish to expand competencies in the area of hospital based practice. Such an experience provides the clinical psychologist with invaluable exposure to the vocabulary and the function of a hospital community. They will gain experiences

for the first time, or broaden the experiences gleaned on internship in charting and medical rounds. They will learn to work in multidisciplinary teams, a critical competence needed for hospital based practice. Of almost equal importance is the learning of hospital as a political system and learning the hierarchial organization of a hospital ward and health care system. For example, it is important to know whom to contact on a patient floor or ward regarding scheduling of appointments. "Pecking order" is very rigid in a hospital system and it is certainly politically prudent to learn that system as rapidly as possible. This in turn aids in communication across the disciplines found in a hospital setting and also ultimately provides a knowledge base for hospital based practice. A health network system is often complicated and initially seems somewhat overwhelming. Experience in the system will provide the resident with an increased sense of confidence and ability to traverse the often multiple and complicated pathways that sometimes seem unsurmountable, given the simple creedo of wanting to "help the patient."

The last section in this paper deals with credentialing and certainly all that has been said before relates to credentialing. Let me add, however, that a license or certification by state is a necessary but not sufficient condition for hospital based practice. Ethical standards of psychologists dictate adequate preparation before embarking upon a partial or full-time hospital based practice. Furthermore, credentialling committees of hospitals will look very closely at the appropriateness of experience and, needless to say, seminars and workshops alone are patently insufficient. Deficits

may need to be addressed in the areas of psychopharmacology, neuropsychology, and may be taken in medical or graduate training programs. Committment of hours spread over months and even years to obtain appropriate credentials to apply for or be involved in hospital based practice can be expected. On the positive side, one should not negate previous experiences and training as many clinical psychologists have had appropriate experience that warrant entry into or expansion of hospital based practice. Please don't forget the axiom stated earlier because if you were trained at a hospital, it is difficult to negate your capacity to function in a hospital based practice situation. Also recall that the new accreditation manual of JCAH will allow for hospital based practice but remember that this will be a hospital-by-hospital decision. However, experience gained and full acceptance with privileges at the first hospital will be the major step toward being granted privileges at the second.

In summary, then, it is clear that predoctoral (internship) or postdoctoral (residency) training is pivotal in the acquisition of hospital based practice. Without appropriate training ethically, and in some instances, legally, psychologists will not be able to practice in a hospital. Certainly, without such a practice the issue of inpatient reimbursement becomes moot. For the psychologist who wishes to be engaged in hospital based practice he/she must look to his/her graduate training, the internship experience, and determine what other credentials are necessary to make him/her a marketable, ethical, and competent professional to practice in a hospital setting. Lastly, what is also clear, is that those who offer psychological health care services in a professional and competent manner are also

able to communicate effectively with other health care disciplines and will have a successful and rewarding health care career.

RECOMMENDED READING:

Health Care Reimbursement Practices, American Psychological Association, 1981.

Hospital Based Practice: A Primer for Psychologists, American Psychological Association, in press.